

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
89/936322

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2		/		/			52					
3	/			/			53					
4	/			/			54					
5	/			/			55					
6	/			/			56					
7	/		/				57					
8	/		/				58					
9	/			/			59					
10	/			/			60					
11	/			/			61					
12	/			/			62					
13	/		/				63					
14	/			/			64					
15	/			/			65					
16	/			/			66					
17	/			/			67					
18	/			/			68					
19	/			/			69					
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21	/			/			71					
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23							73					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3			4			TOTAL IND.					
TOTAL DEP.	19		↔	18		↔	TOTAL DEP.					
TOTAL CLAIMS	22			22			TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS